

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11-24-03.

I. DISPUTE

Whether there should be reimbursement for codes 97035, 97010, 97350, 97110, and 97014 on dates of service 3-6-03 and 3-28-03.

II. FINDINGS

On 2-23-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT codes 97350, 97110, 97014, and 97010 on date of service 3-28-03 had no EOB. The requestor submitted the missing EOB with the response to the request for additional information. The EOB for date of service 3-28-03 indicated denial code of "U". Since the medical necessity issues were dismissed for nonpayment of the IRO fee, the services on date of service 3-28-03 will not be reviewed.

CPT code 97035 and 97010 on date of service 3-6-03 had no EOB. The requestor submitted the missing EOB with the response to the request for additional information. The EOB for date of service 3-6-03 indicated denial code of "D". Therefore, the review will be according to the 1996 *Medical Fee Guideline*. The requestor failed to submit relevant information to support delivery of service. Therefore, no reimbursement recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 97035 and 97010 on date of service 3-6-03.

The above Findings and Decision are hereby issued this 23rd day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division